**Transmittal** ddress to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Request	Application Number	09/842,819	<u> </u>
for continued Examination (RCE)	Filing Date	04/26/2001	
Transmittal	First Named Inventor	James F. Zucherman	
ress to: Stop RCE	Art Unit	3743	
nmissioner for Patents	Examiner Name	Andrea M. Ragonese	
Box 1450 andria, VA 22313-1450	Attorney Docket Number	KLYC-01033US4	

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

	amendm	ssion required under 37 CFR 1.114) Note: If the RCE is proper, any ents enclosed with the RCE will be entered in the order in which they were does not wish to have any previously filed unentered amendment(s) enterent(s).	filed unless applicant	instructs otherwise. If	
	а. 🗌	Previously submitted. If a final Office action is outstanding, any amendme considered as a submission even if this box is not checked.	ents filed after the fina	Office action may be	
	i.	Consider the arguments in the Appeal Brief or Reply Brief previously	ly filed on		
	li.	Other			
	b. 🔽	Enclosed			
	I.	Amendment/Reply iii.	rmation Disclosure S	tatement (IDS)	
	ii.	Affidavit(s)/ Declaration(s) iv. Oth	er	· · · · · · · · · · · · · · · · · · ·	
2. [	Miscella				
	a. 🔲	Suspension of action on the above-identified application is requested unperiod of months. (Period of suspension shall not exceed 3 months;	, ,		
	b. 🔲	Other		(7	
з. (	Fees	The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the Director is hereby authorized to charge the following fees, or credit and Deposit Account No. $\underline{06-1325}$ . I have enclosed a	he RCE is filed. any overpayments, to	s sheet.	
	i.	RCE fee required under 37 CFR 1.17(e)			
	ii.	Extension of time fee (37 CFR 1.136 and 1.17)			
	iii.	Other			
	b. 🔽	Check in the amount of \$ 395.00 enc	losed		
	с. 🗍	Payment by credit card (Form PTO-2038 enclosed)			
		ormation on this form may become public. Credit card information sho on and authorization on PTO-2038.	ould not be included	on this form. Provide credit	
		SIGNATURE OF APPLICANT, ATTORNEY, OR AGE	NT REQUIRED		i
Signat		nel	Date	3-78-02	]
Name	(Print/Type	Melissa L. Basch	Registration No.	56,159	آه.
		CERTIFICATE OF MAILING OR TRANSMIS			]ह
address	sed to: Mail	It this correspondence is being deposited with the United States Postal Service with sill Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 c shown below.			0984281
Signatu		in			7600000
Name (	Print/Type)	Melissa L. Basch	Date 3-2	P-05	ĮŠ
This col to proce includin the amo Tradem	llection of in ess) an app ng gathering ount of time nark Office,	Information is required by 37 CFR 1.114. The information is required to obtain or retail plication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. Tog., preparing, and submitting the completed application form to the USPTO. Time who be you require to complete this form and/or suggestions for reducing this burden, shound U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DOD TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria.	This collection is estimate vary depending upon the uld be sent to the Chief lid O NOT SEND FEES OF andria, VA 22313-145	ed to take 12 minutes to complete, individual case. Any comments on formation Officer, U.S. Patent and COMPLETED FORMS TO THIS 50.	AWONDAF1
	_	If you need assistance in completing the form, call 1-800-PTO-S	9199 and select option	n 2.	200
		et No.: KLYC-01033US4 033us4/1033us4.rce.pdf			3/31/2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 2004.
Fees pursuant to the Consolidated Approximation FACT 2005 (H.R. 4818). FEE TRANSMITTAL

## For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 395.00

Complete if Known					
Application Number	09/842,819				
Filing Date	04/26/2001				
First Named Inventor	James F. Zucherman				
Examiner Name	3743				
Art Unit	Andrea M. Ragonese				
Attorney Docket No.	KLYC-01033US4				

METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account						<u> 23910 - Flies</u>	sler Meyei	r LLP
For the above-ident	tified deposit	account, the Direc	tor is hereb	y authorized to	o: (check all th	nat apply)		
Charge fee(s	s) indicated b	elow		Char	ge fee(s) indic	cated below, exce	ept for the fil	ing fee
	FR 1.16 and 1 nis form may b	ecome public. Cred		<u> </u>	lit any overpay	•	vide credit car	'd
FEE CALCULATION								
1. BASIC FILING, SEA	FILING	FEES Small Entity	SEARC	H FEES Small Entity	<u>s</u>	TION FEES		
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fees Pai	d (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEI Fee Description	ES						<u>Sı</u> <u>Fee (\$)</u>	mall Entity Fee (\$)
Each claim over 20 or, for							50	25
Each independent claim		or Reissues, eac	h independ	dent claim m	ore than in t	he original pate		100
Multiple dependent clair		Foo (\$)	Eoo Do	: (\$)	Multiple D	ndont Claim	360	180
Total Claims - 20 or HP =	Extra Claim	<u>ns Fee (\$)</u> x	Fee Pai	<u>(a (\$)</u>	Fee (\$)	ependent Claims Fee Pai		
HP = highest number of total	I claims paid fo	_ · ·			1 00 141	100.00	10 (4)	
Indep. Claims	Extra Claim		Fee Pai	<u>d (\$)</u>				
3 or HP = HP = highest number of indep	pendent claims	x paid for, if greater th	. <b>=</b> ıan 3					
3. APPLICATION SIZE  If the specification and for each additional  Total Sheets  - 100 =	FEE d drawings l 50 sheets o Extra She	exceed 100 shee or fraction thereo	ets of paper of. See 35 er of each a		)(1)(G) and 3 or fraction the	37 CFR 1.16(s) ereof Fee (\$	).	all entity) Paid (\$)
4. OTHER FEE(S)  Non-English Specifi			-	scount)				Paid (\$)
Other: Request for Continued Examination				39	5.00			

SUBMITTED BY					
Signature	nol	Registration No. (Attorney/Agent) 56.159	Telephone 415.362.3800		
Name (Print/Type)	Melissa L. Basch		Date 3-28-05		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Attorney Docket No.: KLYC-01033US4 mbasch/klyc/1033us4/1033us4.fees.pdf